

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Chris Day for Congress

ADDRESS (number and street)

PO Box 87

Check if different
than previously
reported. (ACC)

New City

NY

10956

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00557512

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

NY

17

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Cabell Hobbs

Signature of Treasurer

Cabell Hobbs

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

04

15

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 22

Write or Type Committee Name

Chris Day for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	39123.00	39123.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	39123.00	39123.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	10420.47	10420.47
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	10420.47	10420.47
8. Cash on Hand at Close of Reporting Period (from Line 27).....	28702.53	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 22

Write or Type Committee Name

Chris Day for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

26760.00

26760.00

(ii) Unitemized.....

9783.00

9783.00

(iii) TOTAL of contributions from individuals ▶

36543.00

36543.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

2580.00

2580.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

39123.00

39123.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

39123.00

39123.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 22

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	10420.47	10420.47
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	10420.47	10420.47

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	39123.00
25. SUBTOTAL (add Line 23 and Line 24).....	39123.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	10420.47
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	28702.53

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 22

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Chris Day for Congress

A. Full Name (Last, First, Middle Initial)
JAMES BARNARD

Mailing Address **P.O. BOX 696**

City **POMONA** State **NY** Zip Code **10970-0696**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BAUER CROWLEY** Occupation **EXEC**

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		22		2014

Transaction ID : SA11.211

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JAMES BARNARD

Mailing Address **P.O. BOX 696**

City **POMONA** State **NY** Zip Code **10970-0696**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BAUER CROWLEY** Occupation **EXEC**

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : SA11.247

Amount of Each Receipt this Period

125.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. FRANK BORELLI

Mailing Address **12 EAST CAVALRY DR.**

City **NEW CITY** State **NY** Zip Code **10956-5251**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		07		2014

Transaction ID : SA11.27

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

725.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 22

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial)
RICHARD BREGA JR.

Mailing Address **15 TOMLINS VIEW**

City State Zip Code
TOMKINS COVE NY 10986-1027

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFC

Occupation
INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

03 / 31 / 2014

Transaction ID : **SA11.91**

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
JOSEPH CARVIN

Mailing Address **55 HILLANDEAL ROAD**

City State Zip Code
RYE BROOK NY 10573-1704

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALTIMA PARTNERS

Occupation
FUND MANAGER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

03 / 31 / 2014

Transaction ID : **SA11.248**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
JOSEPH E. CARVIN JR.

Mailing Address **55 HILLANDEAL RD.**

City State Zip Code
RYE BROOK NY 10573-1704

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER BEST EFFC

Occupation
INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

03 / 07 / 2014

Transaction ID : **SA11.60**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3600.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 22

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial)

EDWIN J. DAY

Mailing Address 2 CAPRAL LN.

City

NEW CITY

State

NY

Zip Code

10956-3507

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		07		2014

Transaction ID : SA11.48

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

EDWIN J. DAY

Mailing Address 2 CAPRAL LN.

City

NEW CITY

State

NY

Zip Code

10956-3507

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		19		2014

Transaction ID : SA11.71

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

EDWIN J. DAY

Mailing Address 2 CAPRAL LN.

City

NEW CITY

State

NY

Zip Code

10956-3507

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		31		2014

Transaction ID : SA11.85

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 22

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

A. Full Name (Last, First, Middle Initial)
THOMAS DOHERTY

Mailing Address 130 SYLVAN ST

City State Zip Code
 RUTHERFORD NJ 07070-2432

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 MERCURY PUBLIC AFFAIRS

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 500.00

Date of Receipt

M M	D D	Y Y Y Y
02	25	2014

Transaction ID : SA11.194

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JERRY DONNELLAN

Mailing Address 354 BOXBERGER RD.

City State Zip Code
 VALLEY COTTAGE NY 10989-1500

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 ROCKLAND COUNTY VETERANS DIRECTOR

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 260.00

Date of Receipt

M M	D D	Y Y Y Y
03	01	2014

Transaction ID : SA11.199

Amount of Each Receipt this Period

260.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. BERNADETTE GARVEY

Mailing Address 14 RESERVOIR DR.

City State Zip Code
 NEW CITY NY 10956-6809

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 5200.00

Date of Receipt

M M	D D	Y Y Y Y
03	19	2014

Transaction ID : SA11.75

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3360.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 22

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

A. Full Name (Last, First, Middle Initial)
MRS. BERNADETTE GARVEY

Mailing Address **14 RESERVOIR DR.**

City	State	Zip Code
NEW CITY	NY	10956-6809

FEC ID number of contributing
federal political committee.

C

Name of Employer
 INFORMATION REQUESTED PER BEST EFFC

Occupation
 INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

03 / 31 / 2014

Transaction ID : **SA11.87**

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LAWRENCE A. GARVEY

Mailing Address **50 MAIN ST, STE 390**

City	State	Zip Code
WHITE PLAINS	NY	10606-1930

FEC ID number of contributing
federal political committee.

C

Name of Employer
 INFORMATION REQUESTED PER BEST EFFC

Occupation
 INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

03 / 19 / 2014

Transaction ID : **SA11.72**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MICHAEL GARVEY

Mailing Address **169 SOUTH MAIN ST, #396**

City	State	Zip Code
NEW CITY	NY	10956-3353

FEC ID number of contributing
federal political committee.

C

Name of Employer
 INFORMATION REQUESTED PER BEST EFFC

Occupation
 INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

03 / 19 / 2014

Transaction ID : **SA11.74**

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5700.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 22

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial)

MICHAEL GARVEY

Mailing Address 169 SOUTH MAIN ST, #396

City

NEW CITY

State

NY

Zip Code

10956-3353

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

5200.00

Date of Receipt

M M / D D / Y Y Y Y
03 31 2014

Transaction ID : SA11.90

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

SHAWN & EILEEN GILROY

Mailing Address 70 HAVERMILL ROAD

City

NEW CITY

State

NY

Zip Code

10956-3141

FEC ID number of contributing
federal political committee.

C

Name of Employer

DONNELLY & MOORE CORP.

Occupation

DIRECTOR OF RECRUITING

Receipt For: 2014

☒ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
03 31 2014

Transaction ID : SA11.244

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MRS. EVA KARLINER

Mailing Address 10654 PELICAN PRESERVE BLVD, APT 2

City

FORT MYERS

State

FL

Zip Code

33913-7178

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014

☒ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
03 07 2014

Transaction ID : SA11.61

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3600.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 22

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial)

DEAN MARKOWITZ

Mailing Address 5 OAK COURT

City

STONY POINT

State

NY

Zip Code

10980-2502

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		23		2014

Transaction ID : SA11.215

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DEAN MARKOWITZ

Mailing Address 5 OAK COURT

City

STONY POINT

State

NY

Zip Code

10980-2502

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		30		2014

Transaction ID : SA11.229

Amount of Each Receipt this Period

125.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

HECTOR A. MAY

Mailing Address 3 DUTCHESS DR.

City

ORANGEBURG

State

NY

Zip Code

10962-2700

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		24		2014

Transaction ID : SA11.3

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2825.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 22

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

A. Full Name (Last, First, Middle Initial)
KIM SAUCIER

Mailing Address 128 WASHINGTON AVE

City State Zip Code
SUFFERN NY 10901-6246

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ROCKLAND COUNTY SHERIFF OFFICE POLICE OFFICER

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
460.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2014

Transaction ID : SA11.191

Amount of Each Receipt this Period

130.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KIM SAUCIER

Mailing Address 128 WASHINGTON AVE

City State Zip Code
SUFFERN NY 10901-6246

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ROCKLAND COUNTY SHERIFF OFFICE POLICE OFFICER

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
460.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2014

Transaction ID : SA11.208

Amount of Each Receipt this Period

130.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
KIM SAUCIER

Mailing Address 128 WASHINGTON AVE

City State Zip Code
SUFFERN NY 10901-6246

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ROCKLAND COUNTY SHERIFF OFFICE POLICE OFFICER

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
460.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2014

Transaction ID : SA11.236

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

460.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 22

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

A. Full Name (Last, First, Middle Initial)
GENE SULLIVAN

Mailing Address **1324 ROUND POINTE DRIVE**

City **HAVERSTRAW** State **NY** Zip Code **10927-2124**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		03		2014

Transaction ID : SA11.206

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ADAM SUSSMAN

Mailing Address **140 E 56TH STREET, APT 5E**

City **NEW YORK** State **NY** Zip Code **10022-3629**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED PER BEST EFFC** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		18		2014

Transaction ID : SA11.2

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
THOMAS TORPEY

Mailing Address **11 CONKLIN DRIVE**

City **STONY POINT** State **NY** Zip Code **10980-3668**

FEC ID number of contributing federal political committee. **C**

Name of Employer **THE DUCEY AGENCY** Occupation **INSURANCE AGENT**

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		25		2014

Transaction ID : SA11.193

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 22
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial) MARY WILHELM		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 22 WOODHAVEN DR.		Transaction ID : SA11.30
City NEW CITY	State NY	
Zip Code 10956-4437		Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">390.00</div> CONTRIBUTION
FEC ID number of contributing federal political committee. <div style="border: 1px solid black; padding: 5px; text-align: center;">C</div>		
Name of Employer INFORMATION REQUESTED PER BEST EFFC	Occupation INFORMATION REQUESTED PER BEST EFFC	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 5px; text-align: right;">390.00</div>	

Full Name (Last, First, Middle Initial) MR. ROBERT ZEISS		Date of Receipt M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 75 NEW VALLEY RD.		Transaction ID : SA11.4
City NEW CITY	State NY	
Zip Code 10956-1601		Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">2600.00</div> CONTRIBUTION
FEC ID number of contributing federal political committee. <div style="border: 1px solid black; padding: 5px; text-align: center;">C</div>		
Name of Employer INFORMATION REQUESTED PER BEST EFFC	Occupation INFORMATION REQUESTED PER BEST EFFC	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 5px; text-align: right;">2600.00</div>	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		
City	State Zip Code	
FEC ID number of contributing federal political committee. <div style="border: 1px solid black; padding: 5px; text-align: center;">C</div>		Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 5px; text-align: right;"></div>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div style="border: 1px solid black; padding: 5px; text-align: right;"></div>	

SUBTOTAL of Receipts This Page (optional)	<div style="border: 1px solid black; padding: 5px; text-align: right;">2990.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; padding: 5px; text-align: right;">26760.00</div>

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 22

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Chris Day for Congress

A. Full Name (Last, First, Middle Initial)
I B E W LOCAL UNION NO. 363 PAC-NON

Mailing Address **67 COMMERCE DR. S**

City HARRIMAN	State NY	Zip Code 10926-3100
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

03 / 07 / 2014

Transaction ID : SA11.32

Amount of Each Receipt this Period

450.00

CONTRIBUTION

REFUND TO BE ISSUED

B. Full Name (Last, First, Middle Initial)
ROCKLAND COUNTY SHERIFF'S, DEPUTIES ASSOC, INC. PAC

Mailing Address **PO BOX 464**

City NEW CITY	State NY	Zip Code 10956-0464
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

130.00

Date of Receipt

03 / 07 / 2014

Transaction ID : SA11.33

Amount of Each Receipt this Period

130.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ROCKLAND COUNTY REPUBLICAN COMMITTEE

Mailing Address **PO BOX 201**

City NEW CITY	State NY	Zip Code 10956-0201
-------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

03 / 19 / 2014

Transaction ID : SA11.78

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1580.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 22

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Chris Day for Congress

Full Name (Last, First, Middle Initial)
ROCKLAND COUNTY CONSERVATIVE COMMITTEE-C/O ROBERT BERDY

Mailing Address **52 FOLTIM WAY**

City CONGERS	State NY	Zip Code 10920-1422
------------------------	--------------------	-------------------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

03 / 31 / 2014

Transaction ID : **SA11.84**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

2580.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 22

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

A. BUTTERFIELD 8 WHITE PLAINS

Mailing Address 147 MAMARONECK AVE

City	State	Zip Code
WHITE PLAINS	NY	10601

Purpose of Disbursement
FACILITY RENTAL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		08		2014

Amount of Each Disbursement this Period

256.75

Transaction ID : SB17.569

B. BUTTERFIELD 8 WHITE PLAINS

Mailing Address 147 MAMARONECK AVE

City	State	Zip Code
WHITE PLAINS	NY	10601

Purpose of Disbursement
CATERING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		20		2014

Amount of Each Disbursement this Period

385.13

Transaction ID : SB17.574

C. CMDI

Mailing Address 1593 SPRING HILL RD STE 400

City	State	Zip Code
VIENNA	VA	22182

Purpose of Disbursement
DATABASE MANAGEMENT SERVICE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		27		2014

Amount of Each Disbursement this Period

798.00

Transaction ID : SB17.581

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1439.88

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 22

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

A. COMPLIANCE CONSULTING CO OF VA LLC

Mailing Address PO BOX 365

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		26		2014

City	State	Zip Code
MCLEAN	VA	22101

Amount of Each Disbursement this Period

1850.00

Purpose of Disbursement
COMPLIANCE CONSULTINGCategory/
Type

Transaction ID : SB17.577

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. CONSTANT CONTACT

Mailing Address 1601 TRAPELO RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		18		2014

City	State	Zip Code
WALTHAM	MA	02451

Amount of Each Disbursement this Period

1.63

Purpose of Disbursement
WEB SERVICECategory/
Type

Transaction ID : SB17.573

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C. CONSTANT CONTACT

Mailing Address 1601 TRAPELO RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		27		2014

City	State	Zip Code
WALTHAM	MA	02451

Amount of Each Disbursement this Period

59.61

Purpose of Disbursement
WEB SERVICECategory/
Type

Transaction ID : SB17.580

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1911.24

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 22

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

A. FACEBOOK

Mailing Address 1601 WILLOW RD

City	State	Zip Code
MENLO PARK	CA	94025

Purpose of Disbursement
WEB SERVICE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 24 / 2014

Amount of Each Disbursement this Period

12345678901234567890
25.20

Transaction ID : SB17.575

B. FACEBOOK

Mailing Address 1601 WILLOW RD

City	State	Zip Code
MENLO PARK	CA	94025

Purpose of Disbursement
WEB SERVICE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 27 / 2014

Amount of Each Disbursement this Period

12345678901234567890
50.64

Transaction ID : SB17.582

C. MERCHANT E SOLUTIONS

Mailing Address 920 N ARGONNE STE 200

City	State	Zip Code
SPOKANE	WA	99212

Purpose of Disbursement
CREDIT CARD MERCHANT FEE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 13 / 2014

Amount of Each Disbursement this Period

12345678901234567890
53.12

Transaction ID : SB17.572

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

128.96

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 22

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

A. MINUTEMAN PRESS

Mailing Address 55 SOUTH MAIN STREET

City	State	Zip Code
NEW CITY	NY	10956

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		10		2014

Amount of Each Disbursement this Period

88.62

Transaction ID : SB17.570

B. MINUTEMAN PRESS

Mailing Address 55 SOUTH MAIN STREET

City	State	Zip Code
NEW CITY	NY	10956

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		27		2014

Amount of Each Disbursement this Period

55.65

Transaction ID : SB17.578

C. MINUTEMAN PRESS

Mailing Address 55 SOUTH MAIN STREET

City	State	Zip Code
NEW CITY	NY	10956

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

Amount of Each Disbursement this Period

28.12

Transaction ID : SB17.583

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

172.39

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 22

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

A. MIZU GROUP CORPORATION

Mailing Address 186 N MAIN ST

City	State	Zip Code
NEW CITY	NY	10956

Purpose of Disbursement
FACILITY RENTAL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		03		2014

Amount of Each Disbursement this Period

3050.00

Transaction ID : SB17.567

B. NEW BORN PRINTING

Mailing Address 25 OLD BRICK ROAD

City	State	Zip Code
NEW CITY	NY	10956

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		27		2014

Amount of Each Disbursement this Period

325.13

Transaction ID : SB17.579

C. SIGN CREATIONS INC

Mailing Address 73 S MAIN ST

City	State	Zip Code
NEW CITY	NY	10956

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		08		2014

Amount of Each Disbursement this Period

174.22

Transaction ID : SB17.568

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3549.35

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 22

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Chris Day for Congress

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 500 STAPLES DR.

City	State	Zip Code
FRAMINGHAM	MA	01702

Purpose of Disbursement
PRINTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		10		2014

Amount of Each Disbursement this Period

218.65

Transaction ID : SB17.571

B. THE CASALE GROUP

Mailing Address 125 LAKE ST

City	State	Zip Code
COOPERSTOWN	NY	13326

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		26		2014

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.576

C.

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3218.65

10420.47